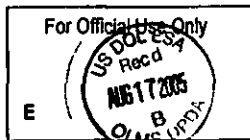


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8677 8677	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name LESTER D HOLLINGSWORTH P O Box Bldg Room No if any Street 1719 SUMMERGATE COURT City SAINT CHARLES State MISSOURI ZIP Code + 4 63303	4 Name file number and address of labor organization Name LABORERS LOCAL 660 Labor Organization File Number 016-801 P O Box Building and Room Number if any Street 601 SOUTH FOURTH STREET City SAINT CHARLES State MISSOURI ZIP Code + 4 63301-3424
5 Position in labor organization EXECUTIVE BOARD	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed Lester Hollingsworth	Date 08/11/2005	Telephone Number 636-946-8766

